

U. S. ELECTION ASSISTANCE COMMISSION
Model SF 269, Long Form, to Guide Annual
Reporting on Title II, Section 251 Requirements Payments

Go to www.whitehouse.gov/omb/grants/sf269.pdf and download (save) an auto-fill form

"No" until submitting final report.

Use same accounting method for HAVA that State uses for general accounting unless the entire State government changes methods.

1) [first report]
Date funds received.
2) [succeeding reports]
October 1, [year].
(Do NOT use State FY)

September 30, [succeeding year]. (Do NOT use State FY)

[where applicable for Lines a, b AND c]
This year's expenditures, in dollars, on a and c, and this year's refunds/rebates received on b.

Total unpaid debt; unpaid financial commitments as of end of reporting period.

Amount of debt for which State matching funds, including interest earned on those funds, have been obligated.

Amount of debt for which Federal funds, including interest earned on those funds, have been obligated.

Total requirements payments received plus total interest earned on these payments as of the end of the reporting period. **FOOTNOTE interest only** on Line 12.

Note: Interest earned on Federal funds is NOT program income; enter \$0 unless State receives program income.

Footnote interest earned on requirements payments during the reporting period. **Also note** cumulative interest earned on requirements payments by end of the reporting period included on 10o. **Note total** appropriated for State 5% match and total interest earned on funds by end of the reporting period. **Note total** State maintenance of effort (MOE) spent during the State fiscal year ending during this reporting period, and total MOE appropriated for next State fiscal year.

Do NOT claim indirect costs unless the State has an agreement covering this reporting period filed with EAC or another agency that serves as the cognizant Federal agency in accordance with OMB Circular A-87.

1) Column I, equal to Column III of last report.
2) Column II, amount of State matching funds, and interest earned on those funds, spent during this reporting period.

Date requirement payments first received.

Nine digit Employer ID Number (EIN).

Your state election agency Address
City, State, Zip Code.

FINANCIAL STATUS REPORT
(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Election Assistance Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency Title II, 251	OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)			
4. Employer Identification Number	5. Recipient Account Number or Identifying Number CDFA #90.401	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) To: (Month, Day, Year) Until Disbursed		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:			
		I Previously Reported	II This Period
		III Cumulative	
a. Total outlays			0.00
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays (Line a, less the sum of lines b and c)		0.00	0.00
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00
j. Federal share of net outlays (line d less line i)		0.00	0.00
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			0.00
o. Total Federal funds authorized for this funding period			
p. Unobligated balance of Federal funds (Line o minus line n)			0.00
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized (Sum of lines q, r and s)			0.00
11. Indirect Expense			
Type of Rate (Place "X" in appropriate box)			
<input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate c. Base d. Total Amount e. Federal Share			
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.			
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.			
Typed or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted January 8, 2007	

Previous Edition Usable NSN 7540-01-012-4285

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Standard Form 269 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

200-498 P.O. 139 (Face)

LEGEND

Yellow Line MUST be filled in; copy text OR see balloon instructions.	Green Data is automatically calculated OR; (some forms require that) States calculate subtotals/totals.	Orange Enter "0.00" (zero).
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